



CS
HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

RECEIVED

05 JAN 31 P1:54

Y 39
LAS

STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Yamaki	Chenri	Yasuko	488-0340
MAILING ADDRESS (Street)			FAX
99-0194 Kaamilo Street			n/a
(City)	(State)	(Zip Code)	
Aiea	Hawaii	96701	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Legal Aid Society of Hawaii			521-8058
MAILING ADDRESS (Street)			FAX
924 Bethel Street			521-8088
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Legal Aid Society of Hawaii			521-8058
MAILING ADDRESS (Street)			FAX
924 Bethel Street			521-8088
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96813	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Wayne Kearre			5278060
MAILING ADDRESS (Street)			FAX
Same as above - Legal Aid.			5278088
(City)	(State)	(Zip Code)	
HON	HI	96813	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Education | <input checked="" type="checkbox"/> Human Services | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities | <input type="checkbox"/> Government Operations & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation |
| <input type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input type="checkbox"/> Labor & Employment | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input type="checkbox"/> Health | <input type="checkbox"/> Planning, Land & Water Use Management | <input checked="" type="checkbox"/> Other: (indicate below) |
| <input type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | <u>domestic</u>
<u>violence</u> |

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

Orange Y. Garain

(Signature of Lobbyist)

1/28/06

(Date)

PART V AUTHORIZATION TO LOBBY

NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
<u>M. Nalaei Fujimori</u>		<u>Deputy Director</u>	
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
<u>924 Bethel St.</u>		<u>527 8044</u>	
MAILING ADDRESS (Street)		FAX	
<u>Hon</u>	<u>HI</u>	<u>96813</u>	<u>527 8088</u>
(City)	(State)	(Zip Code)	

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.

[Signature]

(Signature of Authorizing Officer or Person Represented)

1/31/05

(Date)